


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90019 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000023031

1. Corporation Name
ISLAND VACATIONS, INC.

Principal Place of Business

~~218 WHITEHEAD STREET~~
KEY WEST FL 33040

Mailing Address

~~218 WHITEHEAD STREET~~
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **420 EATON ST.**

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **420 EATON ST.**

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/13/1997

4. FEI Number

65-0734233

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00

May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes☐ No

9. Name and Address of Current Registered Agent

GOLAN, DONNA
1500 ATLANTIC BLVD #409
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not acceptable)

83

84 City

Key West**FL**

85 Zip Code

33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D☐ DELETE

NAME

GOLAN, DONNA

STREET ADDRESS

1500 ATLANTIC BLVD #409

CITY-ST-ZIP

KEY WEST FL 33040

TITLE

D☐ DELETE

NAME

GOLAN, KEITH

STREET ADDRESS

1500 ATLANTIC BLVD #409

CITY-ST-ZIP

KEY WEST FL 33040

TITLE

D☐ DELETE

NAME

HERZOG, THEODORE W

STREET ADDRESS

200 DUVAL STREET

CITY-ST-ZIP

KEY WEST FL 33040

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA GOLAN

Date

4/15/99

Daytime Phone #

294-7878

CR2E034 (11/98)